Do not use this space.

**42125**

1123

**1. PLACE OF DEATH**

County __ST. LOUIS__   Registration District No. _____   File No. _____

Township __CARONDELET__   Primary Registration District No. __6248 F__   Registered No. __459__

City _____ (No. __Ms. St Rose__ St. _____ Ward)

**2. FULL NAME** __John La Mear__

(a) Residence, No. __3931 Ohio__ St., _____ Ward.
(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred __yrs.__ __mos.__ __ds.__   How long in U. S., if of foreign birth? __yrs.__ __mos.__ __ds.__

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## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** __Mary La Mear__

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** __April 21 '71__

| 7. AGE | | | |
|---|---|---|---|
| YEARS | MONTHS | DAYS | If LESS than 1 day, ____hrs. or ____min. |
| 60 | 8 | 7 | |

**8.** Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. __Salesman__

**9.** Industry or business in which work was done, as silk mill, saw mill, bank, etc. __Store__

**10.** Date deceased last worked at this occupation (month and year) __Nov 30__

**11.** Total time (years) spent in this occupation __8__

**12.** BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) __St Louis, Mo__

**13.** NAME __Peter La Mear__

**14.** BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) __Canada__

**15.** MAIDEN NAME __Mollie Holland__

**16.** BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) __Mo__

**17.** INFORMANT (ADDRESS) __Wife (as above)__

**18.** BURIAL, CREMATION, OR REMOVAL __SS Peter & Paul__   PLACE _____   DATE __Dec 31__, 19_3_

**19.** UNDERTAKER (ADDRESS) __J F Zahex U.H.G.   3842 Missouri St__

**20.** FILED __Dec 29 1931__ __L. C. Ahrab__ Registrar.

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**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** __Dec. 28, 1931__

**22.** I HEREBY CERTIFY, That I attended deceased from __Sept 3__, 19_31_ to __Dec 28__, 19_31_

I last saw h__ alive on __Dec 28__, 19_31_ Death is said to have occurred on the date stated above, at __945__ p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

__Pulmonary Tbc.__ __Nov, 30__

Other contributory causes of importance:

__Lethargic Encephalitis__

Name of operation _____   Date of _____
What test confirmed diagnosis? __Clin.__   Was there an autopsy? __No__

**23.** If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____   Date of injury _____, 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

**24.** Was disease or injury in any way related to occupation of deceased? __No__
If so, specify _____

(Signed) __C W Theiss - Nolourel__ M.D.

(Address) _____